# Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 1 of 57

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is an amended filing

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	Write the name that is on your government-issued picture identification (for example, your driver's	government-issued ire identification (for	Kolton First name	First name
		npie, your drivers ise or passport).	Middle name	Middle
	,		Middle name	Middle name
		g your picture tification to your	Chapman	
		meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	used Inclu	other names you have d in the last 8 years ade your married or den names.	Kristina Lynn Chapman Kristi Chapman	
3.	youi num Indi	the last 4 digits of Social Security ber or federal vidual Taxpayer tification number	xxx-xx-8711	

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 2 of 57

Debtor 1 Kolton Leo Chapman Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)  EIN	☐ I have not used any business name or EINs.  Business name(s)  EIN			
5.	Where you live	206 Lakes Edge Way Pickerington, OH 43147	If Debtor 2 lives at a different address:			
		Number, Street, City, State & ZIP Code  Fairfield	Number, Street, City, State & ZIP Code			
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 3 of 57

Debtor 1 Kolton Leo Chapman Case number (if known) Tell the Court About Your Bankruptcy Case 7. Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When District Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When District Case number, if known Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. ☐ No. residence? Has your landlord obtained an eviction judgment against you? Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

bankruptcy petition.

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 4 of 57

Debtor 1 Kolton Leo Chapman Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. husiness? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to Chapter 11 of the proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or Bankruptcy Code, and you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, are you a small business cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. debtor or a debtor as § 1116(1)(B). defined by 11 U.S.C. § 1182(1)? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and ☐ Yes. I do not choose to proceed under Subchapter V of Chapter 11. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I ☐ Yes. choose to proceed under Subchapter V of Chapter 11. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat What is the hazard? of imminent and identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs? Number, Street, City, State & Zip Code

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 5 of 57

Debtor 1 Kolton Leo Chapman

Case number (if known)

15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

### About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 6 of 57

Der	Kollon Leo Chapi	iiaii			Jei (II kriowii)				
Par	t 6: Answer These Quest	ions for R	eporting Purposes						
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."						
			□ No. Go to line 16b.						
		16h	Yes. Go to line 17.	nucinos debte? Pusinose debte ere debte	that you incurred to obtain				
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you	owe that are not consumer debts or busine	ess debts				
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapte	er 7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and	■ Yes.		Do you estimate that after any exempt provailable to distribute to unsecured creditor	operty is excluded and administrative expenses s?				
	administrative expenses		■ No						
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes						
18.	How many Creditors do	<b>■</b> 1-49		□ 1,000-5,000	☐ 25,001-50,000				
	you estimate that you owe?	■ 1-49 □ 50-99		☐ 5001-10,000	☐ 50,001-100,000				
	OWE:	□ 100-1		□ 10,001-25,000	☐ More than100,000				
		200-9	99						
19.	How much do you	<b>\$0 - \$</b>	50,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion				
		□ \$100,001 - \$500,000 □ \$500,001 - \$1 million		□ \$100,000,001 - \$500 million	☐ More than \$50 billion				
20.	How much do you	<b>\$</b> 0 - \$	50.000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion				
	estimate your liabilities to be?		001 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion				
		_ ` '	001 - \$500,000	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion				
		<b>□</b> \$500,	001 - \$1 million	<b>—</b> \$100,000,001 \$000 Hillion	— Wore than too billion				
Par	Sign Below								
For	you	I have ex	amined this petition, and I de	eclare under penalty of perjury that the info	rmation provided is true and correct.				
				7, I am aware that I may proceed, if eligible relief available under each chapter, and I $_{\rm I}$	e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.				
				I not pay or agree to pay someone who is r the notice required by 11 U.S.C. § 342(b).	not an attorney to help me fill out this				
		I request	relief in accordance with the	chapter of title 11, United States Code, sp	pecified in this petition.				
		bankrupt and 357	I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.						
			on Leo Chapman Leo Chapman	Signature of Deb	tor 2				
			e of Debtor 1	Signature of Deb	W. Z				
		Executed	on July 10, 2020	Executed on					
			MM / DD / YYYY		M / DD / YYYY				

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 7 of 57

Debtor 1 Kolton Leo Chapman Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Marshall D. Cohen	Date	July 10, 2020
Signature of Attorney for Debtor		MM / DD / YYYY
Marshall D. Cohen 0044066		
Printed name		
Marshall D. Cohen Co., LLC		
Firm name		
1335 Dublin Rd.		
Suite D208		
Columbus, OH 43215		
Number, Street, City, State & ZIP Code		
Contact phone <b>614-294-5040</b>	Email address	notice@financialdignity.com
0044066 OH		
Bar number & State		<del></del>

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 8 of 57

B2030 (Form 2030) (12/15)

## United States Bankruptcy Court Southern District of Ohio

In re	e Kolton Leo Chapman		Case No	0.	
	·	Debtor(s)	Chapter	7	
	DISCLOSURE OF COME	PENSATION OF ATTO	RNEY FOR I	DEBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplati	filing of the petition in bankruptcy	, or agreed to be pa	aid to me, for service	
	For legal services, I have agreed to accept		\$	953.00	
	Prior to the filing of this statement I have receive	ved	\$	953.00	
	Balance Due			0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed co	ompensation with any other persor	unless they are me	embers and associate	s of my law firm.
	☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the				ıy law firm. A
5.	In return for the above-disclosed fee, I have agreed t	to render legal service for all aspec	ets of the bankruptc	y case, including:	
	<ul> <li>a. Analysis of the debtor's financial situation, and rest.</li> <li>b. Preparation and filing of any petition, schedules,</li> <li>c. Representation of the debtor at the meeting of cred.</li> <li>d. [Other provisions as needed]</li> <li>Exemption planning and the negotian</li> </ul>	statement of affairs and plan whice ditors and confirmation hearing, a	h may be required; and any adjourned h	nearings thereof;	
5.	By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other contested matters or adversed to the contested matters or adversed to the contested matters or adversed to the contested to the contested matters or adversed to the contested to	dischargeability actions, jud		nces, relief from s	stay actions or
		CERTIFICATION			
	I certify that the foregoing is a complete statement of bankruptcy proceeding.	f any agreement or arrangement for	or payment to me for	r representation of th	ne debtor(s) in
	July 10, 2020	/s/ Marshall D. C	ohen		
_	Date	Marshall D. Coh	en 0044066		
		Signature of Attorn <b>Marshall D. Coh</b>			
		1335 Dublin Rd.	o oo., ==o		
		Suite D208 Columbus, OH 4	3215		
		614-294-5040 F		5	
		notice@financia			
		Name of law firm			

De	ebtor 1	Kolton Leo Cha First Name		iddle Name		Last Name			
``		First Name		iddle Name		Last Name			
Debtor 2 (Spouse if, filing)  United States Bankri Case number (if known)  Official Form Statement or  Be as complete and information. If more number (if known).  Part 1: Give Deta  1. What is your cu  Married Not married Not married  No  Yes. List all Debtor 1 Prior  89 Eastpoint: Columbus, Co  5718 Bixbyw Columbus, Co  5718 Bixbyw Columbus, Co  4. Did you have as Fill in the total as If you are filling as In No	nkruptcy Court for the:	SOUTI	HERN DISTRICT C	OF OHIO	)				
(11 )	known)							_	neck if this is an nended filing
								۵.,	g
$\cap$	fficial Fo	rm 107							
			Δffaire	s for Individ	luale	s Filing for F	Rankruntcy		4/1:
Be inf	as complete a ormation. If m	nd accurate as poss ore space is needed n). Answer every que	ible. If two	married people a	re filin	g together, both are	e equally responsible		
Pa	art 1: Give D	etails About Your M	arital Statu	us and Where You	Lived	Before			
1.	What is your	current marital state	us?						
	☐ Married								
	_	ried							
2.	During the la	ast 3 years, have you	lived any	where other than	where	you live now?			
	□ No								
	Yes. Lis	t all of the places you	lived in the	last 3 years. Do no	ot includ	de where you live nov	v.		
	Debtor 1 Pr	ior Address:		Dates Debtor 1 lived there		Debtor 2 Prior Ad	ddress:		Dates Debtor 2 lived there
		inte Ridge Dr., Apt , OH 43213	. 214	From-To: 6/2017-5/2018		☐ Same as Debtor	1		☐ Same as Debtor 1 From-To:
		ywoods Court, Apt , OH 43232	:. <b>A</b>	From-To: 6/2018-6/2020		☐ Same as Debtor	1		Same as Debtor 1 From-To:
		s <b>t 8 years, did you e</b> es include Arizona, Ca							? (Community property sconsin.)
		ke sure you fill out <i>Sc</i>	bodulo I Ir	Vaur Cadabtara (Of	ficial F	arm 40011)			
	res. Ma	ike sure you iiii out Sc	пеаше п.	Your Codebiors (Or	iliciai F	om 106n).			
Pa	ert 2 Explai	n the Sources of You	ır Income						
4.	Fill in the tota	e any income from end all amount of income you g a joint case and you	ou received	I from all jobs and a	all busir	esses, including part	t-time activities.	ous calen	dar years?
	П Мо								
		in the details.							
			Debtor 1				Debtor 2		
				of income	Gro	ss income	Sources of incom	ie	Gross income
				I that apply.	(befo	ore deductions and usions)	Check all that apply		(before deductions and exclusions)

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 10 of 57

Debtor 1 Kolton Leo Chapman Case number (if known)

			Debtor 1		Debtor 2			
From January 1 of current year until the date you filed for bankruptcy:		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
		■ Wages, commissions, bonuses, tips	\$4,471.51	☐ Wages, commissions, bonuses, tips				
		☐ Operating a business		☐ Operating a business				
For last caler (January 1 to		, 2019 )	■ Wages, commissions, bonuses, tips	\$24,309.00	☐ Wages, commissions, bonuses, tips			
			☐ Operating a business		☐ Operating a business			
For the calen (January 1 to	dar year befor December 31		■ Wages, commissions, bonuses, tips	\$19,911.00	☐ Wages, commissions, bonuses, tips			
			☐ Operating a business		☐ Operating a business			
winnings.  List each	If you are filing	a joint cas	e and you have income that y	rest; dividends; money collect you received together, list it o tely. Do not include income th	•	id gambling and lottery		
			Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)		
From January the date you			2020 Economis Stimulus Payment	\$1,200.00				
			Door Dash	\$200.00				
For last caler (January 1 to	dar year: December 31	, 2019 )	Short Term Disability	\$440.00				
For the calen (January 1 to	dar year befor December 31		Short Term Disability	\$2,640.00				
Part 3: Lis	t Certain Pavr	nents You	Made Before You Filed for	Bankruptcv				
6. Are eithe ☐ No.	Neither Deb	tor 1 nor D	s debts primarily consumer ebtor 2 has primarily consu- personal, family, or househo	umer debts. Consumer debts	s are defined in 11 U.S.C. § 10	01(8) as "incurred by an		
	•	days befo	re you filed for bankruptcy, di	id you pay any creditor a total	of \$6,825* or more?			
		Go to line 7						
	F	oaid that cre		nts for domestic support oblig	n one or more payments and t ations, such as child support a			

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Page 11 of 57 Document Debtor 1 Kolton Leo Chapman Case number (if known) Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... still owe paid **Hibernia Apartments I LLC** 3/2020, 4/2020 & \$789.00 \$0.00 ☐ Mortgage 5680 Hibernia Dr. 5/2020 ☐ Car Columbus, OH 43232 3 Payments of ☐ Credit Card \$789.00 ☐ Loan Repayment (Ongoing) ☐ Suppliers or vendors ■ Other Rent Lakepoint OH Partners, LLC 7/2020 \$773.00 \$0.00 ☐ Mortgage 150 Lakepoint Court 1 Payment of ☐ Car Pickerington, OH 43147 \$773.00 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors Other Rent Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No ☐ Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment Include creditor's name paid still owe Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Status of the case Case title Nature of the case Court or agency Case number LVNV Funding, LLC Collection Franklin County Municipal Pending Court VS. □ On appeal **Kolton Chapman** 375 S High St, 3rd Floor □ Concluded 2020CVF009410 Columbus, OH 43215

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 12 of 57

Case number (if known)

10.	Within 1 year before you filed for bankru Check all that apply and fill in the details be		our property repossessed, foreclos	sed, garnished, attache	d, seized, or levied?	
	■ No. Go to line 11. □ Yes. Fill in the information below.					
	Creditor Name and Address	Describe the	Bronerty	Date	Value of the	
	oreator Name and Address					
		Explain what	happened			
11.	Within 90 days before you filed for bank accounts or refuse to make a payment b  ■ No □ Yes. Fill in the details.			institution, set off any	amounts from your	
	Creditor Name and Address	Describe the	action the creditor took	Data action was	Amount	
	Creditor Name and Address	Describe the a	action the creditor took	Date action was taken	Amount	
12.	<ul> <li>Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?</li> <li>No</li> <li>Yes</li> </ul>					
Par	t 5: List Certain Gifts and Contribution	s				
13.	Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift.	uptcy, did you give	e any gifts with a total value of mor	re than \$600 per person	?	
	Gifts with a total value of more than \$60 per person	0 Describe	the gifts	Dates you gave the gifts	Value	
	Person to Whom You Gave the Gift and Address:					
1.1	Within 2 years before you filed for bankr	untov did vou give	a any gifts or contributions with a t	ental value of more than	\$600 to any charity?	
14.	No	upicy, ala you givi	e any gints of contributions with a t	otal value of more than	1 \$000 to any chanty:	
	☐ Yes. Fill in the details for each gift or o	ontribution.				
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod	otal Describe	what you contributed	Dates you contributed	Value	
Par	t 6: List Certain Losses					
15.	Within 1 year before you filed for bankru or gambling?	ptcy or since you	filed for bankruptcy, did you lose a	nything because of the	ft, fire, other disaster,	
	No					
	☐ Yes. Fill in the details.					
	Describe the property you lost and	Describe any insu	urance coverage for the loss	Date of your	Value of property	
	how the loss occurred		t that insurance has paid. List pending on line 33 of Schedule A/B: Property.	g <b>loss</b>	lost	

Debtor 1 Kolton Leo Chapman

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 13 of 57

Case number (if known)

Dor	List Cartain Doumants or Transfers						
<b>Par</b> 16.	Within 1 year before you filed for bankruptcy, d consulted about seeking bankruptcy or prepari Include any attorneys, bankruptcy petition preparer	ng a bankruptcy petition?					
	□ No ■ Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any propertransferred	Date payment or transfer was made	Amount of payment			
	Marshall D. Cohen Co., LLC 1335 Dublin Rd. Suite D208 Columbus, OH 43215 notice@financialdignity.com	Attorney Fees	5/4/2020 & 7/10/2020	\$953.00			
	MoneySharp Credit Counseling, Inc. 1916 N. Fairfield Ave., Suite 200 Chicago, IL 60647	Credit Counseling	6/15/2020	\$10.00			
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  On not include any payment or transfer that you listed on line 16.  No  Yes. Fill in the details.						
	Person Who Was Paid Address	Description and value of any propertransferred	or transfer was made	Amount of payment			
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details.						
	Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debt paid in exchange	Date transfer was made			
	Person's relationship to you						
19.	Within 10 years before you filed for bankruptcy, beneficiary? (These are often called asset-protect No  □ Yes. Fill in the details.		elf-settled trust or similar dev	ice of which you are a			
	Name of trust	Date Transfer was made					

Debtor 1 Kolton Leo Chapman

Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Case 2:20-bk-53364 Document Page 14 of 57

Debtor 1 Kolton Leo Chapman

Case number (if known)

Par	t 8: List of Certain Financial Accounts, Ins	struments, Safe Deposi	t Boxes, and St	orage Unit	S			
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage							
	houses, pension funds, cooperatives, associated		,		i, silales III baliks, cieu	it unions, brokerag	7	
	No The state of th							
	Yes. Fill in the details.							
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	ast 4 digits of Type of account number instrument		Date account was closed, sold, moved, or transferred	Last balan before closing transf	or	
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed for	bankruptcy, ar	ny safe de <sub>l</sub>	oosit box or other depos	sitory for securities	,	
	■ No							
	☐ Yes. Fill in the details.							
	Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  Who else had access to it?  Address (Number, Street, City, State and ZIP Code)  State and ZIP Code)  Describe the contents					Do you still have it?		
22.	Have you stored property in a storage unit of	or place other than your	home within 1	year befor	re you filed for bankrupt	tcy?		
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Describe	the contents	Do you still have it?		
Par	t 9: Identify Property You Hold or Control	for Someone Else						
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.							
	□ No							
	Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)		(Number, Street, City, State and ZIP		the property	Val	ıe	
	Kathleen Chapman	In Debtor's Pos	session		Borrowing 2013 Mazda 3	\$4,800.0	)0	
Par	t 10: Give Details About Environmental Info	ormation						
For	the purpose of Part 10, the following definition	ons apply:						

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 15 of 57

Debtor 1 Kolton Leo Chapman

Case number (if known)

24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	under or in violation of an environme	ental law?				
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of an	·						
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or admin	istrative proceeding under any envi	ronmental law? Include settlements a	and orders.				
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	11: Give Details About Your Business or Co	nnections to Any Business						
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have any	y of the following connections to any	/ business?				
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity,	either full-time or part-time					
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership							
	☐ An officer, director, or managing execu	itive of a corporation						
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	■ No. None of the above applies. Go to Part	12.						
	Yes. Check all that apply above and fill in	the details below for each business						
		escribe the nature of the business	Employer Identification number					
	Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Dates business existed							
	Within 2 years before you filed for bankruptcy, institutions, creditors, or other parties.	did you give a financial statement to	o anyone about your business? Inclu	ude all financial				
	■ No □ Yes. Fill in the details below.							
	Name Address (Number, Street, City, State and ZIP Code)							

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 16 of 57

Debtor 1 Kolton Leo Chapman		Case number (if known)
Part 12: Sign Below		
are true and correct. I understand that	t making a false statement, concealing prope ines up to \$250,000, or imprisonment for up t	s, and I declare under penalty of perjury that the answers rty, or obtaining money or property by fraud in connection o 20 years, or both.
/s/ Kolton Leo Chapman		
Kolton Leo Chapman Signature of Debtor 1	Signature of Debtor 2	
Date July 10, 2020	Date	
Did you attach additional pages to You	our Statement of Financial Affairs for Individu	als Filing for Bankruptcy (Official Form 107)?
No		
☐ Yes		
Did you pay or agree to pay someone	who is not an attorney to help you fill out ba	nkruptcy forms?
<b>.</b>		

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 17 of 57

Fill in this infor	mation to identify your	case:			
Debtor 1	Kolton Leo Chap	man			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case number					
(if known)				☐ Check if	
				amended	nilit t

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	2,657.42
	1c. Copy line 63, Total of all property on Schedule A/B	\$	2,657.42
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	44,739.00
	Your total liabilities	\$	44,739.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,361.44
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,837.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	Yes What kind of debt do you have?		
7.	What kind of debt do you have?  Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bounded purpose "11 LLS C \$ 101(9). Fill out lines \$ 0.9 for statistical purposes 38 LLS C \$ 150.	a personal,	family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

### Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Case 2:20-bk-53364 Document Page 18 of 57

Debtor 1 Kolton Leo Chapman

Case number (if known)

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

1,170.59

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
. , , ,	· —	
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$	25,661.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	25,661.00

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 19 of 57

		Documen	it Page 19 of 57	
Fill in this infor	mation to identify you	ur case and this filing:		
Debtor 1	Kolton Leo Cha	apman		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the	SOUTHERN DISTRICT OF	- OHIO	
Case number				☐ Check if this is an
				amended filing
Official Fo	orm 106A/B			
Schedu	le A/B: Pro	perty		12/15
		<u> </u>	ce. If an asset fits in more than one category, list th	
think it fits best. E	Be as complete and accure space is needed, attac	urate as possible. If two married	people are filing together, both are equally respons On the top of any additional pages, write your nam	sible for supplying correct
Part 1: Describe	Each Residence, Buildi	ing, Land, or Other Real Estate Y	ou Own or Have an Interest In	
1. Do you own or	have any legal or equita	ble interest in any residence, bu	illding, land, or similar property?	
_		,,,	ag,a, o. aa. p. apo. y.	
No. Go to Pa				
☐ Yes. Where	is the property?			
Part 2: Describe	Your Vehicles			
someone else dri	ives. If you lease a veh		cles, whether they are registered or not? Inclue G: Executory Contracts and Unexpired Leases.	
_				
■ No				
☐ Yes				
			I vehicles, other vehicles, and accessories els, snowmobiles, motorcycle accessories	
■ No				
☐ Yes				
			ries from Part 2, including any entries for =>	\$0.00
.pages you n	ave attached for Part	2. Write that number here	=>	
Part 3: Describe	Your Personal and Ho	usehold Items		
Do you own or	have any legal or equ	uitable interest in any of the	following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
Examples: Ma ☐ No		s ire, linens, china, kitchenware		
Yes. Desc	STIDE			
	Furnitur	re		\$500.00
			· · · · · · · · · · · · · · · · · · ·	
	Silverwa	are/Cookware		\$200.00
				·

Official Form 106A/B Schedule A/B: Property page 1

Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Case 2:20-bk-53364 Page 20 of 57 Document Debtor 1 **Kolton Leo Chapman** Case number (if known)

	Tools	\$150.0
	ons and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music g cell phones, cameras, media players, games	c collections; electronic devices
	Electronics	\$800.0
	s and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, co llections, memorabilia, collectibles	in, or baseball card collections;
	50-Broadway Play Bills	\$400.0
	photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoe instruments	s and kayaks; carpentry tools;
Yes. Describe	 	
0. Firearms	35mm SLR Camera	\$100.0
Firearms     Examples: Pistols,     No     ☐ Yes. Describe  1. Clothes	ay clothes, furs, leather coats, designer wear, shoes, accessories	<u>*100.0</u>
<ul> <li>0. Firearms  Examples: Pistols,  No  Yes. Describe</li> <li>1. Clothes  Examples: Everyday  No</li> </ul>	ay clothes, furs, leather coats, designer wear, shoes, accessories	\$100.00 \$250.00
<ul> <li>0. Firearms</li></ul>	ay clothes, furs, leather coats, designer wear, shoes, accessories   Wearing Apparel  ay jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems	\$250.0
0. Firearms  Examples: Pistols,  No  Yes. Describe  1. Clothes  Examples: Everyda  No  Yes. Describe  2. Jewelry  Examples: Everyda  No	ay clothes, furs, leather coats, designer wear, shoes, accessories   Wearing Apparel  ay jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems	<b>\$250.0</b> 0
0. Firearms  Examples: Pistols,  No  Yes. Describe  1. Clothes  Examples: Everyda  No  Yes. Describe  2. Jewelry  Examples: Everyda  No	ay clothes, furs, leather coats, designer wear, shoes, accessories  Wearing Apparel  ay jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems  Jewelry	\$250.0

No

 $\square$  Yes. Give specific information.....

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 21 of 57

Debto	or 1 Kolton	Leo Chapma	an	Case number (if known)	
				3, including any entries for pages you have attached	\$2,505.00
Part 4	Describe You	ır Financial Asse	ets		
			equitable interest in an	y of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	<i>xamples:</i> Mone No		our wallet, in your home	e, in a safe deposit box, and on hand when you file your petiti	on
				Cash on Hand	\$0.00
	instit	cking, savings, c utions. If you ha		ts; certificates of deposit; shares in credit unions, brokerage th the same institution, list each.  Institution name:	houses, and other similar
		17.1.	Checking-#7949	PNC Bank	\$82.14
		17.2.	Joint Checking-#6223	Chase Bank Joint with Kathleen Chapman	\$1.15
		17.3.	Checking-#7922	PNC Bank	\$0.00
		17.4.	Checking-#7914	PNC Bank	\$0.00
		17.5.	Savings-#5893	Chase Bank	\$0.13
E		I funds, investm	cly traded stocks ent accounts with broker Institution or issuer nan	rage firms, money market accounts	
jc	oint venture	ided stock and	l interests in incorporat	ted and unincorporated businesses, including an interes	st in an LLC, partnership, and
			n about them nme of entity:	% of ownership:	
٨	legotiable instri Ion-negotiable	<i>ument</i> s include	personal checks, cashie	ble and non-negotiable instruments rs' checks, promissory notes, and money orders. er to someone by signing or delivering them.	
		cific information Iss	about them suer name:		
E	xamples: Intere	ension account ests in IRA, ERI	SA, Keogh, 401(k), 403(	(b), thrift savings accounts, or other pension or profit-sharing	plans

Official Form 106A/B Schedule A/B: Property

page 3

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 22 of 57

Debtor 1 Kolton Leo Chapman Case number (if known)

	TOILOIT EC	o onapinan		
		Type of account:	Institution name:	
22.		used deposits you have made s	so that you may continue service or use from a company t, public utilities (electric, gas, water), telecommunications	companies, or others
	■ Yes		Institution name or individual:	
			Security Deposit-Landlord	\$49.00
23.	Annuities (A contract ■ No	ct for a periodic payment of mor	ney to you, either for life or for a number of years)	
	☐ Yes	Issuer name and description.		
24.		ation IRA, in an account in a 1), 529A(b), and 529(b)(1).	qualified ABLE program, or under a qualified state tuit	ion program.
	☐ Yes	Institution name and description	on. Separately file the records of any interests.11 U.S.C. §	521(c):
25.	Trusts, equitable o	r future interests in property (	other than anything listed in line 1), and rights or pow	ers exercisable for your benefit
	☐ Yes. Give specific	information about them		
26.	Examples: Internet		and other intellectual property eds from royalties and licensing agreements	
	<ul><li>■ No</li><li>□ Yes. Give specific</li></ul>	information about them		
27.	Examples: Building ☐ No	•	oles operative association holdings, liquor licenses, professiona	I licenses
	■ Yes. Give specific	information about them		
		Insurance Sale	s License	\$0.00
M	oney or property ow	ed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed t ■ No	eo you		
		information about them, includi	ing whether you already filed the returns and the tax years.	
29.	_	or lump sum alimony, spousal	support, child support, maintenance, divorce settlement, p	roperty settlement
	■ No □ Yes. Give specific	information		
30.	benefits		ments, disability benefits, sick pay, vacation pay, workers' neone else	compensation, Social Security
	■ No □ Yes. Give specific	information		
31.		, illioilliation		
	_	ice policies	th savings account (HSA); credit, homeowner's, or renter's	insurance
	Examples: Health, o ■ No	ice policies		insurance Surrender or refund

page 4

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Page 23 of 57 Document Debtor 1 Kolton Leo Chapman Case number (if known) 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$132.42 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? ☐ No. Go to Part 6. Yes Go to line 38 Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ■ No ☐ Yes. Describe..... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ☐ No Yes. Describe..... \$20.00 Printer 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ■ No ☐ Yes. Describe..... 41. Inventory ■ No ☐ Yes. Describe..... 42. Interests in partnerships or joint ventures

Official Form 106A/B Schedule A/B: Property page 5

% of ownership:

☐ Yes. Give specific information about them.....

Name of entity:

■ No

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 24 of 57

Kolton Leo Chapman Case number (if known)

Den	ו וטו	Kolton Leo Chapinan		Case Humber (II known)	
40	0	non linta malificantilata on other constitutions			
		ner lists, mailing lists, or other compilations			
_	No.				
	l Do yοι	ur lists include personally identifiable information (as defined in	11 U.S.C. § 101(41A))?		
		■ Ata			
		■ No □ Yes. Describe			
	L	i res. Describe			
44	Anv bu	siness-related property you did not already list			
_	No No	ionioco rolatou proporty you ala not anotali oady not			
		Give specific information			
				Γ	
45.		he dollar value of all of your entries from Part 5, includi art 5. Write that number here			\$20.00
	101 1 6	TO WITE THAT HAMBET HETE			
Part		scribe Any Farm- and Commercial Fishing-Related Property Yo	u Own or Have an Interes	st In.	
	If yo	ou own or have an interest in farmland, list it in Part 1.			
46. I	Do you	own or have any legal or equitable interest in any farm	- or commercial fishir	ng-related property?	
	■ No.	Go to Part 7.			
	☐ Yes.	. Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
53. I		have other property of any kind you did not already lisoles: Season tickets, country club membership	t?		
	Lxamp ■ No	nes. Season tickets, country dub membership			
		Give specific information			
		One openio information		_	
54.	Add t	he dollar value of all of your entries from Part 7. Write t	nat number here		\$0.00
				L	· · ·
Part	8:	List the Totals of Each Part of this Form			
55	Part 1	: Total real estate, line 2			\$0.00
		2: Total vehicles, line 5	\$0.00		Ψ0.00
		B: Total personal and household items, line 15	\$2,505.00		
		l: Total financial assets, line 36	\$132.42		
59.		5: Total business-related property, line 45	\$20.00		
60.		5: Total farm- and fishing-related property, line 52	\$0.00		
61.		7: Total other property not listed, line 54	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$2,657.42	Copy personal property to	tal <b>\$2,657.42</b>
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$2,657.42
٠٠.	. 5.41				Ψ <b>Ζ</b> ,UJ1.42

Official Form 106A/B Schedule A/B: Property page 6

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 25 of 57

Fill in this infor	mation to identify your	case:		
Debtor 1	Kolton Leo Chap	man		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number (if known)				☐ Check if this is an
				amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions ar	e you claiming?	Check one onl	y, even if	your spouse is	s filing with	you.
----	----------------------------	-----------------	---------------	------------	----------------	---------------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
#300.00 <b>■</b> #300.00		Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
		100% of fair market value, up to any applicable statutory limit	2020100(11)(11)(12)
\$200.00		\$200.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
		100% of fair market value, up to any applicable statutory limit	2020:00(x)(+)(a)
\$150.00		\$150.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
		100% of fair market value, up to any applicable statutory limit	2020:00(A)(+)(a)
\$800.00		\$800.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
		100% of fair market value, up to any applicable statutory limit	2020:00(A)(+)(a)
\$400.00		\$400.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
		100% of fair market value, up to	2020.00(Λ)(Τ)(α)
	\$500.00 \$150.00 \$800.00	\$500.00 Che \$500.00 \$\$150.00 \$\$800.00 \$\$	Schedule A/B  \$500.00  \$500.00  \$500.00  \$500.00  \$500.00  \$500.00  \$500.00  \$100% of fair market value, up to any applicable statutory limit  \$150.00  \$100% of fair market value, up to any applicable statutory limit  \$150.00  \$150.00  \$150.00  \$150.00  \$150.00  \$100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit

# Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 26 of 57

Debtor 1 Kolton Leo Chapman			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
35mm SLR Camera Line from Schedule A/B: 9.1	\$100.00		\$100.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Life from Schedule PVB. 9.1			100% of fair market value, up to any applicable statutory limit	2029.00(A)(4)(a)
Wearing Apparel Line from Schedule A/B: 11.1	\$250.00		\$250.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
			100% of fair market value, up to any applicable statutory limit	( // //
Jewelry Line from Schedule A/B: 12.1	\$100.00		\$100.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)
			100% of fair market value, up to any applicable statutory limit	
1-Snake & 3-Geckos Line from Schedule A/B: 13.1	\$5.00		\$5.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
			100% of fair market value, up to any applicable statutory limit	
Checking-#7949: PNC Bank Line from Schedule A/B: 17.1	\$82.14		\$82.14	Ohio Rev. Code Ann. § 2329.66(A)(3)
			100% of fair market value, up to any applicable statutory limit	
Joint Checking-#6223: Chase Bank Joint with Kathleen Chapman	\$1.15		\$1.15	Ohio Rev. Code Ann. § 2329.66(A)(3)
Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
Checking-#7922: PNC Bank Line from Schedule A/B: 17.3	\$0.00		\$0.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
Ellie II olii ochedale A.B. TTIC			100% of fair market value, up to any applicable statutory limit	2020:00(1)(0)
Checking-#7914: PNC Bank Line from Schedule A/B: 17.4	\$0.00		\$0.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
Ente from Goriodate 7VB. TTT			100% of fair market value, up to any applicable statutory limit	2020100(1.1)(0)
Savings-#5893: Chase Bank Line from Schedule A/B: 17.5	\$0.13		\$0.13	Ohio Rev. Code Ann. § 2329.66(A)(3)
			100% of fair market value, up to any applicable statutory limit	
Printer Line from Schedule A/B: 39.1	\$20.00		\$20.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
			100% of fair market value, up to any applicable statutory limit	
<ul> <li>3. Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every</li> <li>No</li> </ul>			led on or after the date of adjustmen	ıt.)
Yes. Did you acquire the property cover	ed by the exemption wi	thin 1	,215 days before you filed this case?	?
□ No □ Yes				

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 27 of 57

Fill in this infor	rmation to identify your	case:		
Debtor 1    Kolton Leo Chapman   First Name   Middle Name   Last Name				
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number				
(if known)				

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 28 of 57

		Document	Page 28	3 of 57		
Fill in this	s information to identify your	case:				
Debtor 1	Kolton Leo Chap	man				
Dobtor !	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, fi	ling) First Name	Middle Name	Last Name			
United St	ates Bankruptcy Court for the:	SOUTHERN DISTRICT OF O	HIO			
Case nun	nber					Check if this is an
,					_	amended filing
						Ü
<u>Official</u>	Form 106E/F					
Sched	ule E/F: Creditors W	ho Have Unsecured	Claims			12/15
Schedule G Schedule E left. Attach name and G	Executory Contracts and Unexp Creditors Who Have Claims Sec the Continuation Page to this page case number (if known).	s that could result in a claim. Also I bired Leases (Official Form 106G). I cured by Property. If more space is ge. If you have no information to re	Do not include needed, copy t	any creditors with partia he Part you need, fill it o	ally secured claims out, number the er	s that are listed in ntries in the boxes on the
Part 1:	List All of Your PRIORITY Ur					
	y creditors have priority unsecure	ed claims against you?				
	. Go to Part 2.					
☐ Ye	S.					
Part 2:	List All of Your NONPRIORIT	TY Unsecured Claims				
4. List al unsecuthan o	I of your nonpriority unsecured cl ured claim, list the creditor separatel ne creditor holds a particular claim, l	part. Submit this form to the court with laims in the alphabetical order of the ly for each claim. For each claim listed list the other creditors in Part 3.lf you	ne creditor who	holds each claim. If a c	st claims already in	cluded in Part 1. If more
Part 2.						Total claim
				5007		
	capital One onpriority Creditor's Name	Last 4 digits of acc	ount number	5387		\$1,327.00
A	ttn: Bankruptcy o Box 30285	When was the debt	t incurred?	Opened 04/16 La 04/20	st Active	_
N	alt Lake City, UT 84130 umber Street City State Zip Code		file, the claim i	s: Check all that apply		
_	/ho incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and an	_	RITY unsecured	l claim:		
	Check if this claim is for a com					
	ebt the claim subject to offset?	☐ Obligations arising report as priority claim		ration agreement or divor	ce that you did not	
_	No			g plans, and other similar	debts	
	Yes	Other. Specify				
_		— Giller, Opecity				_

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 29 of 57

Debtor	1 Kolton Leo Chapman		Case number (if known)	
4.2	Chase Card Services	Last 4 digits of account number	4615	\$0.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 02/06 Last Active 12/17/12	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	$\square$ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Notice Only	<u> </u>	
4.3	Choice Recovery	Last 4 digits of account number	8660	\$350.00
	Nonpriority Creditor's Name  Attn: Bankruptcy	When was the debt incurred?	Opened 1/13/18	
	1550 Old Henderson Rd, Ste 100 Columbus, OH 43220	When was the dest incurred.	Opened 1/13/10	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify  Collection Medicine	Attorney Rivers Edge Family	
4.4	Choice Recovery	Last 4 digits of account number	5478	\$142.00
	Nonpriority Creditor's Name Attn: Bankruptcy 1550 Old Henderson Rd, Ste 100 Columbus, OH 43220	When was the debt incurred?	Opened 2/24/17 Last Active 07/16	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other. Specify Dermatolog	Attorney Downtown	

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 30 of 57

Kolton Leo Chapman Case number (if known)

Depto	Kolton Leo Chapman		Case number (if known)	
4.5	Choice Recovery	Last 4 digits of account number	1189	\$131.00
	Nonpriority Creditor's Name Attn: Bankruptcy 1550 Old Henderson Rd, Ste 100 Columbus, OH 43220	When was the debt incurred?	Opened 4/17/18	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	$\square$ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
	Yes	Other. Specify Collection	Attorney Ohio Digestive Care Llc	
4.6	Choice Recovery  Nonpriority Creditor's Name	Last 4 digits of account number		\$91.00
	Attn: Bankruptcy 1550 Old Henderson Rd, Ste 100	When was the debt incurred?	Opened 1/02/18	
	Columbus, OH 43220  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	7.6 of the date you me, the claim	10. Oncon an man apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	varation agreement or divorce that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
	Yes	Other. Specify Collection	Attorney Ohio Digestive Care Llc	
4.7	Choice Recovery  Nonpriority Creditor's Name	Last 4 digits of account number		\$74.00
	Attn: Bankruptcy 1550 Old Henderson Rd, Ste 100 Columbus, OH 43220	When was the debt incurred?	Opened 11/02/18 Last Active 01/18	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community debt	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sep</li></ul>	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-shari		
	Yes	Other. Specify Collection	Attorney Corpath Limited	

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 31 of 57

Debtor	1 Kolton Leo Chapman		Case number (if known)	
4.8	Choice Recovery	Last 4 digits of account number	0728	\$70.00
	Nonpriority Creditor's Name Attn: Bankruptcy 1550 Old Henderson Rd, Ste 100 Columbus, OH 43220	When was the debt incurred?	Opened 4/04/18 Last Active 10/17	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Collection	Attorney Corpath Limited	
4.9	Choice Recovery Nonpriority Creditor's Name	Last 4 digits of account number	0941	\$50.00
	1105 Schrock Road Columbus, OH 43229	When was the debt incurred?	Opened 3/23/18 Last Active 11/17	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	d alatas	
	At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
	Yes	■ Other. Specify Medical De	bt Medical	
4.1	Choice Recovery	Last 4 digits of account number	6541	\$33.00
	Nonpriority Creditor's Name Attn: Bankruptcy 1550 Old Henderson Rd, Ste 100	When was the debt incurred?	Opened 3/02/17 Last Active 08/16	
	Columbus, OH 43220  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharir	og plans, and other similar debte	
	■ No			
	☐ Yes	Other Specify Medical De	DI MEGICAI	

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 32 of 57

Kolton Leo Chapman		Case number (if known)	
Cleveland Clinic	Last 4 dimits of account assumb		\$390.
Nonpriority Creditor's Name	Last 4 digits of account number		Ψ330
9500 Euclid Avenue Cleveland, OH 44195	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
Yes	Other Specify Medical Ex		
Credit One Bank	Last 4 digits of account number	1504	\$0
Nonpriority Creditor's Name  Attn: Bankruptcy Department		Opened 09/16 Last Active	
Po Box 98873	When was the debt incurred?	11/17	
Las Vegas, NV 89193	_		
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	<ul> <li>Obligations arising out of a separeport as priority claims</li> </ul>	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts	
☐ Yes	Other. Specify Notice Only	<u>y</u>	
Diete Brancety Craye			
Dietz Property Group  Nonpriority Creditor's Name	Last 4 digits of account number		\$500
2075 W. Big Beaver Rd., Suite 100 New Haven, MI 48048	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	■ Other. Specify Broken Lea	ase	

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 33 of 57

1 Kolton Leo Chapman		Case number (if known)	
Discover Financial	land delimite of an army army	3924	\$1,011.00
Nonpriority Creditor's Name	Last 4 digits of account number		\$1,011.00
Attn: Bankruptcy		Opened 11/16 Last Active	
Po Box 3025	When was the debt incurred?	4/05/20	
New Albany, OH 43054	As of the data you file the eleim	in Charle all that apply	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Спеск ан tnat apply	
Debtor 1 only	Пол		
_	☐ Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	Other. Specify Credit Card	<u> </u>	
Global	Lock A digito of account gumber	8617	\$1,652.00
Nonpriority Creditor's Name	Last 4 digits of account number		ψ1,032.00
22 East Main St Geneva, OH 44041	When was the debt incurred?	Opened 5/06/19	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Disputed		
_	Type of NONPRIORITY unsecured	d claim:	
At least one of the debtors and another	Student loans	a diami.	
☐ Check if this claim is for a community lebt		vestion a green and or division that you did not	
s the claim subject to offset?	report as priority claims	tration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐Yes	Other. Specify Medical		
Global	Last 4 digits of account number	0377	\$65.00
Nonpriority Creditor's Name			<b>400.00</b>
22 East Main St Geneva, OH 44041	When was the debt incurred?	Opened 11/28/17	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
in Check if this claim is for a community debt	_	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Πves	Other Specific Medical		

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 34 of 57

Debtor	1 Kolton Leo Chapman		Case number (if known)	
4.1				*
7	I.c. System, Inc	Last 4 digits of account number	9131	\$99.00
	Nonpriority Creditor's Name Po Box 64378	When was the debt incurred?	Opened 03/18	
	Saint Paul, MN 55164			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	_	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes		Attorney Ohio Gastroenterology	
4.1	I.c. System, Inc Nonpriority Creditor's Name	Last 4 digits of account number	9003	\$75.00
	Po Box 64378	When was the debt incurred?	Opened 03/18	
	Saint Paul, MN 55164			
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Collection Group	Attorney Ohio Gastroenterology	
4.1	KeyBridge Medical Revenue	Last 4 digits of account number	7642	\$494.00
	Nonpriority Creditor's Name	When was the debt incurred?	Opened 11/15/17	
	Attn: Bankruptcy Po Box 1568	when was the debt incurred?	Opened 11/15/17	
	Lima, OH 45802			
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sens	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	iration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other. Specify Medical		
		- Other. Opeony		

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 35 of 57

Debtor '	1 Kolton Leo Chapman		Case number (if known)	
4.2	KovPridge Medical Povenue		7389	\$109.00
• 1	KeyBridge Medical Revenue  Nonpriority Creditor's Name	Last 4 digits of account number		\$109.00
	Attn: Bankruptcy Po Box 1568	When was the debt incurred?	Opened 06/18	
_	Lima, OH 45802  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing		
		Collection	Attorney Doctors Anesthesia	
	Yes	Other. Specify Service Of		
.2	Lab Corn of America			\$603.00
	Lab Corp of America Nonpriority Creditor's Name	Last 4 digits of account number		\$603.00
	PO Box 2240	When was the debt incurred?		
	Burlington, NC 27216  Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	,	,	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical Ex	penses	
1.2	Noviet		0810	\$9,944.00
	Naviet Nonpriority Creditor's Name	Last 4 digits of account number		<b>Φ9,944.00</b>
	Attn: Claims Dept Po Box 9500	When was the debt incurred?	Opened 08/12 Last Active 03/20	
	Wilkes-Barr, PA 19773	_		
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	Пол		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured	1 claim:	
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt			
	Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	☐ Other. Specify		
		Educationa		

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 36 of 57

Debtor	Kolton Leo Chapman		Case number (if known)	
4.2	Naviet	Last 4 digits of account number	0816	\$8,918.00
3	Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773	When was the debt incurred?	Opened 08/11 Last Active 03/20	**,******
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed  Type of NONPRIORITY unsecured claim:  ■ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		
	☐ At least one of the debtors and another☐ Check if this claim is for a community			
	debt Is the claim subject to offset?			
	No			
	☐ Yes	Other. Specify		
	Educational			
4.2	Naviet	Last 4 digits of account number	0513	\$5,106.00
	Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773	When was the debt incurred?	Opened 05/16 Last Active 03/20	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	<ul> <li>■ Student loans</li> <li>□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
	No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	☐ Other. Specify		
		Educational		
4.2 5	Naviet	Last 4 digits of account number	0513	\$1,693.00
	Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773	When was the debt incurred?	Opened 05/16 Last Active 03/20	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	$\square$ Check if this claim is for a community debt	■ Student loans □ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
	□Yes	Other. Specify		
	Educational			

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 37 of 57

Debtor 1 Kolton Leo Chapman			Case number (if known)	
4.2	Nemo's Investigations & Collections	Last 4 digits of account number	7285	\$0.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30517 Phoenix, AZ 85046	When was the debt incurred?	Opened 11/03/14 Last Active 11/18/15	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Notice Only	y	
4.2	OhioHealth Nonpriority Creditor's Name	Last 4 digits of account number		\$5,384.00
	5350 Frantz Rd Dublin, OH 43016	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	$\square$ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Medical Ex	penses	
4.2	Prometheus Laboratories, Inc.	Last 4 digits of account number		\$3,000.00
	Nonpriority Creditor's Name 9410 Carroll Park Dr. San Diego, CA 92121	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	$\square$ Check if this claim is for a community debt	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a separation</li></ul>	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing		
	☐ Yes	Other. Specify Medical Ex	penses	

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 38 of 57

Debtor 1 Kolton Leo Chapman Case number (if known)

Debto	Kolton Leo Chapman		Case number (if known)	
4.2 9	Synchrony Bank/Mattress Firm	Last 4 digits of account number	1504	\$874.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965064 Orlando, FL 32896	When was the debt incurred?	Opened 06/18 Last Active	
	Number Street City State Zip Code  Who incurred the debt? Check one.	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Bank N.A.	Company Account Credit One	
4.3	Target	Last 4 digits of account number	6237	\$554.00
	Nonpriority Creditor's Name c/o Financial & Retail Srvs Mailstop BT POB 9475 Minneapolis, MN 55440	When was the debt incurred?	Opened 02/17 Last Active 10/11/17	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.3	University OptionCare LLC	Last 4 digits of account number		\$2,000.00
	Nonpriority Creditor's Name 7654 Crosswoods Drive Columbus, OH 43235	When was the debt incurred?		
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other Specify Medical Ex	penses	

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 39 of 57

	Document 1 ag	<i>3</i> C					
Debtor 1 Kolton Leo Chapman		Case nu	mber (i	f known)			
have more than one creditor for any of the debt notified for any debts in Parts 1 or 2, do not fill		ne additional cre	editors I	nere. If you do	not have a	additional persons	to be
Name and Address	On which entry in Part 1 or Part 2	did you list the o	iginal cr	editor?			
Attorney Anthony Huspaska	Line <b>4.29</b> of ( <i>Check one</i> ):	☐ Part 1: 0	Creditors	with Priority U	Jnsecured C	laims	
Stenger & Stenger PC		■ Part 2: 0	Creditors	with Nonprior	ity Unsecure	ed Claims	
2618 East Paris Ave., SE							
Grand Rapids, MI 49546	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part 2	did you list the o	iginal cr	editor?			
Attorney Bethany Hamilton	Line 4.22 of (Check one):	☐ Part 1: 0	Creditors	with Priority U	Jnsecured C	laims	
Assistant US Attorney		■ Part 2: (	Creditors	with Nonprior	ity Unsecure	ed Claims	
303 Marconi Blvd., Suite 200				•	,		
Columbus, OH 43215	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part 2	did you list the o	iginal cr	editor?			
<b>Doctors Anesthesia Services of</b>	Line 4.20 of (Check one):			with Priority U	Jnsecured C	laims	
Columbus		■ Part 2: (	Creditors	with Nonprior	itv Unsecur	ed Claims	
6520 W. Campus Oval				•	,		
New Albany, OH 43054	Last 4 digits of account number						
	East 4 digits of account number						
Name and Address	On which entry in Part 1 or Part 2	did you list the o	iginal cr	editor?			
LVNV Funding	Line <b>4.29</b> of ( <i>Check one</i> ):	☐ Part 1: (	Creditors	with Priority U	Jnsecured C	laims	
55 Beattie Place, # 110		Part 2: 0	Creditors	with Nonprior	ity Unsecure	ed Claims	
Greenville, SC 29601	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part 2	•	•				
Ohio Gastroenterology Group, Inc. P.O. Box 9653	Line <b>4.17</b> of ( <i>Check one</i> ):			with Priority U			
Belfast, ME 04915-9653		■ Part 2: 0	Creditors	with Nonprior	ity Unsecure	ed Claims	
Bolldot, III.2 04010 0000	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part 2	did you list the o	iginal cr	editor?			
US Attorney	Line <b>4.22</b> of ( <i>Check one</i> ):	☐ Part 1: (	Creditors	with Priority U	Jnsecured C	laims	
555 4th Street NW		■ Part 2: 0	Creditors	with Nonprior	ity Unsecure	ed Claims	
Washington, DC 20530	Last 4 digits of account number						
	Last 4 digits of account number						
Part 4: Add the Amounts for Each Type	of Unsecured Claim						
6. Total the amounts of certain types of unsecure type of unsecured claim.	d claims. This information is for stati	stical reporting	purpos	es only. 28 U.	S.C. §159. /	Add the amounts f	or each
type or undecoured ordin.				Tetal O			
6a. Domestic support obliga	ations	6a.	\$	Total Cla	aim O.C	10	

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
T. (.)	6f.	Student loans	6f.	\$ 25,661.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 19,078.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 44,739.00

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 40 of 57

Fill in this infor	rmation to identify your	case:	V	
Debtor 1	Kolton Leo Chap	man		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number				
(if known)				

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Lakepoint OH Partners, LLC 150 Lakepoint Court Pickerington, OH 43147	Apartment Lease \$1,030.00 per Month for18 Months 17 Months Remain

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 41 of 57

		Documer	nt Page 41 of	57	_
Fill in this info	ormation to identify your	case:			
Debtor 1	Kolton Leo Chapi	man			
<b>D</b> 1 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States I	Bankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case number					
(if known)	-				☐ Check if this is an
					amended filing
Official F	orm 106H				
	e H: Your Cod	ehtors			12/15
Concadi	C III. I Cui Cou	CDIOIS			12/13
people are filir fill it out, and r your name and	ng together, both are equal number the entries in the dicase number (if known)	ally responsible for suppl	ying correct informatio the Additional Page to	n. If more space is this page. On the to	rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write
i. Do you	nave any codebiors? (ii)	you are ming a joint case, u	o not list either spouse a	s a codebior.	
□ No ■ Yes					
		lived in a community pro Nevada, New Mexico, Pue			rty states and territories include .)
■ No. Go	to line 3				
		use, or legal equivalent live	with you at the time?		
in line 2 a	gain as a codebtor only i D), Schedule E/F (Official	f that person is a guarant	or or cosigner. Make su	re you have listed	ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fil
	ımn 1: Your codebtor , Number, Street, City, State and ZI	P Code		Column 2: The co	reditor to whom you owe the debt les that apply:
206	ayla Griffin Lakes Edge Way kerington, OH 43147			☐ Schedule D, ☐ Schedule E/I ☐ Schedule G	line -, line 2.1

Schedule H: Your Codebtors

## Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 42 of 57

Eill	in this information to identify your a					I			
	in this information to identify your cotor 1  Kolton Lee								
Deb	otor 2 use, if filing)	Спаршап			_				
	ted States Bankruptcy Court for the	: SOUTHERN DISTRIC	T OF OHIO						
	se number own)					Check if this is:  An amende  A supplement	. 3	•	chapter
Of	fficial Form 106I					MM / DD/ Y		wing date.	
	chedule I: Your Inc	ome				ו /טט / ווווווו	111		12/15
sup <sub>i</sub> spo atta	s complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	are married and not filir r spouse is not filing wi	ng jointly, and your : th you, do not inclu	spouse i de infori	s liv natio	ing with you, inclu on about your spo	ude informatuse. If more	tion about space is	your needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filin	g spouse	
attach inform	If you have more than one job, attach a separate page with	Employment status	■ Employed				☐ Employed ☐ Not employed		
	information about additional employers.		☐ Not employed	_		☐ Not er	npioyea		
	Include part-time, seasonal, or	Occupation	General Insuan						
	self-employed work.	Employer's name	Daffney Geyer I Allstate	nsuran	e:				
	Occupation may include student or homemaker, if it applies.	Employer's address	7372 E. Broad S Blacklick, OH 4						
		How long employed the	nere? 1 Mont	h/Bi-We	ekly				
Par	t 2: Give Details About Mor	nthly Income			_				
	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	ou have nothing to re	eport for	any I	ine, write \$0 in the	space. Inclu	de your nor	n-filing
	u or your non-filing spouse have mo		embine the informatio	n for all e	mplo	oyers for that perso	n on the lines	s below. If y	ou need
						For Debtor 1	For Debto		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	1,733.33	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	1,733.33	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Kolton Leo Chapman	-	С	ase number (if kr	own)				
	Con	by line 4 here	4.		For Debtor 1	22		Debtor 2		
	Cop	y line 4 nere	4.		Ψ1,733		Ψ_		IN/A	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 371		\$_		N/A	_
	5b.	Mandatory contributions for retirement plans	5b.		. —	.00	\$_		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		· ———	.00	\$_		N/A	_
	5d.	Required repayments of retirement fund loans	5d.		. —	0.00	\$_		N/A	_
	5e.	Insurance	5e.			0.00	\$_		N/A	_
	5f. 5g.	Domestic support obligations Union dues	5f. 5g.		·	0.00	φ_		N/A N/A	_
	5g. 5h.	Other deductions. Specify:	5h.		:	0.00	+ \$-		N/A	
6		· · · · · · · · · · · · · · · · · · ·	_		·		· •_			_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.			.89	· —		N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	•	\$ 1,361	.44	\$_		N/A	_
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.	١.	\$ 0	.00	\$		N/A	
	8b.	Interest and dividends	8b.	٠.	\$ 0	.00	\$		N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.			0.00	\$_		N/A	
	8d.	Unemployment compensation	8d.			0.00	\$_		N/A	_
	8e.	Social Security Other government againtened that you regularly receive	8e.	٠.	\$	.00	\$_		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	e 8f.		\$ 0	0.00	\$		N/A	
	8g.	Pension or retirement income	8g.	١.	\$ 0	.00	\$_		N/A	_
	8h.	Other monthly income. Specify:	8h.	.+	\$	.00	+ \$_		N/A	_
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$_		N/A	A
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	1,361.44	+ \$		N/A	= \$	1,361.44
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-	1,001144	-		-14/74		1,001.44
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:	depe				•	Schedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						12.	\$	1,361.44 ned
12	Do.	you expect an increase or decrease within the year after you file this form	2						monthl	y income
١٥.	<b>■</b>	you expect an increase or decrease within the year after you file this form No.	í							
		Yes. Explain:								

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	tion to identify ye	our case:			1		
Deb	tor 1	Kolton Leo (	Chapman	1		Che	ck if this is:	
							An amended filing	
	tor 2 ouse, if filing)						A supplement show 13 expenses as of	wing postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the	: SOUTH	IERN DISTRICT OF OHIO			MM / DD / YYYY	
Cas	e number							
	nown)							
Of	fficial Fo	rm 106J				•		
		J: Your	Exper	ises				12/15
Be a	as complete a	and accurate as	s possible. eded, atta	. If two married people ar				
Par	t 1: Descr	ribe Your House	ehold					
٠.	No. Go to							
			in a separ	ate household?				
	□N	_						
	□ Y	es. Debtor 2 mu	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	otor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.						☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
3.		enses include	han	No				
		f people other t d your depende		Yes				
		ate Your Ongoi			i 4bin f			
exp				uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
	value of sucl ficial Form 10		d have inc	cluded it on Schedule I: Y	our Income		Your exp	enses
		_				_		
4.		or home owners and any rent for th		ses for your residence. In or lot.	nclude first mortgage	e 4. \$	\$	773.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. S	\$	0.00
	•	rty, homeowner'				4b. \$	·	19.00
		maintenance, re owner's associa		upkeep expenses		4c. \$ 4d. \$		0.00
5.				our residence, such as ho	me equity loans	5. S	·	0.00

Debto	Kolton Leo Chapman	Case num	ber (if known)	
6. <b>U</b>	Itilities:			
-	a. Electricity, heat, natural gas	6a.	\$	120.00
6	b. Water, sewer, garbage collection	6b.		12.00
	c. Telephone, cell phone, Internet, satellite, and cable services	6c.		0.00
	d. Other. Specify: Cable & Internet	6d.	·	50.00
Ū	Cell Phone		\$	100.00
- <b>-</b>			·	
	ood and housekeeping supplies	7.	·	250.00
	Childcare and children's education costs	8.	\$	0.00
	Clothing, laundry, and dry cleaning	9.	·	40.00
	Personal care products and services	10.	·	10.00
	fledical and dental expenses	11.	\$	0.00
	ransportation. Include gas, maintenance, bus or train fare.	12.	\$	90.00
	intertainment, clubs, recreation, newspapers, magazines, and books	13.	·	0.00
			·	
	Charitable contributions and religious donations	14.	Ф	0.00
	nsurance.			
1	On not include insurance deducted from your pay or included in lines 4 or 20.	150	œ	0.00
	5a. Life insurance	15a.	·	0.00
	5b. Health insurance	15b.	·	283.00
	5c. Vehicle insurance	15c.	·	90.00
1:	5d. Other insurance. Specify:	15d.	\$	0.00
	axes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Specify:	16.	\$	0.00
	nstallment or lease payments:			
1	7a. Car payments for Vehicle 1	17a.	\$	0.00
1	7b. Car payments for Vehicle 2	17b.	\$	0.00
1	7c. Other. Specify:	17c.	\$	0.00
	7d. Other. Specify:	17d.	\$	0.00
	our payments of alimony, maintenance, and support that you did not report as		•	<u> </u>
	leducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	Other payments you make to support others who do not live with you.		\$	0.00
	Specify:	19.	· <del></del>	
	Other real property expenses not included in lines 4 or 5 of this form or on Sche		our Income.	
	0a. Mortgages on other property	20a.		0.00
	0b. Real estate taxes	20b.	· ·	0.00
	Oc. Property, homeowner's, or renter's insurance	20c.		0.00
	0d. Maintenance, repair, and upkeep expenses	20d.		
				0.00
	0e. Homeowner's association or condominium dues	20e.	*	0.00
1. C	Other: Specify:	21.		0.00
2 C	Calculate your monthly expenses			
	2a. Add lines 4 through 21.		\$	1,837.00
	2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	1,837.00
			·	
2	2c. Add line 22a and 22b. The result is your monthly expenses.		\$	1,837.00
3. <b>C</b>	Calculate your monthly net income.			
	3a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,361.44
	3b. Copy your monthly expenses from line 22c above.	23b.	· · · — — — — — — — — — — — — — — — — —	1,837.00
_	out. Topy your monthly expended from the 220 above.	200.		1,007.00
2	3c. Subtract your monthly expenses from your monthly income.			
2	The result is your <i>monthly net income</i> .	23c.	\$	-475.56
24. <b>D</b>	Oo you expect an increase or decrease in your expenses within the year after yo	ou file this	form?	
	or example, do you expect to finish paying for your car loan within the year or do you expect you	r mortgage į	payment to increas	se or decrease because of a
m	nodification to the terms of your mortgage?			
	No.			
Г	Yes. Explain here:			
_	- · ·			

# Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 46 of 57

Fill in this info	rmation to identify your	case:				
Debtor 1	Kolton Leo Chapi	man				
	First Name	Middle Name	Las	Name		
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Las	Name		
United States B	sankruptcy Court for the:	SOUTHERN DISTRICT	T OF OHIO			
Case number						
(if known)						Check if this is an amended filing
f two married p		r, both are equally respo	onsible for s	upplying correct	information.	nent, concealing property, or
	18 U.S.C. §§ 152, 1341, 1 gn Below	519, and 3571.			·	
Did you p	ay or agree to pay some	one who is NOT an atto	rney to help	you fill out bank	cruptcy forms?	
■ No						
☐ Yes.	Name of person					ruptcy Petition Preparer's Notice, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sun	nmary and s	chedules filed w	ith this declaratior	n and
X /s/ Ko	lton Leo Chapman		Х			
Kolto	n Leo Chapman ure of Debtor 1			Signature of Deb	otor 2	
Date	July 10, 2020			Date		

Attorney Anthony Huspaska Stenger & Stenger PC 2618 East Paris Ave., SE Grand Rapids, MI 49546

Attorney Bethany Hamilton Assistant US Attorney 303 Marconi Blvd., Suite 200 Columbus, OH 43215

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Services Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850

Choice Recovery Attn: Bankruptcy 1550 Old Henderson Rd, Ste 100 Columbus, OH 43220

Choice Recovery 1105 Schrock Road Columbus, OH 43229

Cleveland Clinic 9500 Euclid Avenue Cleveland, OH 44195

Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193

Dietz Property Group 2075 W. Big Beaver Rd., Suite 100 New Haven, MI 48048

Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054

Doctors Anesthesia Services of Columbus 6520 W. Campus Oval New Albany, OH 43054

Global 22 East Main St Geneva, OH 44041 I.c. System, Inc Po Box 64378 Saint Paul, MN 55164

KeyBridge Medical Revenue Attn: Bankruptcy Po Box 1568 Lima, OH 45802

Lab Corp of America PO Box 2240 Burlington, NC 27216

Lakepoint OH Partners, LLC 150 Lakepoint Court Pickerington, OH 43147

LVNV Funding 55 Beattie Place, # 110 Greenville, SC 29601

Micayla Griffin 206 Lakes Edge Way Pickerington, OH 43147

Naviet Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 19773

Nemo's Investigations & Collections Attn: Bankruptcy Po Box 30517 Phoenix, AZ 85046

Ohio Gastroenterology Group, Inc. P.O. Box 9653 Belfast, ME 04915-9653

OhioHealth 5350 Frantz Rd Dublin, OH 43016

Prometheus Laboratories, Inc. 9410 Carroll Park Dr. San Diego, CA 92121

Synchrony Bank/Mattress Firm Attn: Bankruptcy Po Box 965064 Orlando, FL 32896

Target c/o Financial & Retail Srvs Mailstop BT POB 9475 Minneapolis, MN 55440

University OptionCare LLC 7654 Crosswoods Drive Columbus, OH 43235

US Attorney 555 4th Street NW Washington, DC 20530

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
·	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill in this info	ormation to identify your case:						directed in this form and	in Form
Debtor 1	Kolton Leo Chapman			122	2A-1Supp	:		
Debtor 2 (Spouse, if filing)					■ 1. Ther	e is no pres	sumption of abuse	
United States	Bankruptcy Court for the: Southern Dis	strict of	Ohio				to determine if a presur made under <i>Chapter 7</i>	•
Case number	r					,	ficial Form 122A-2).	
(II KIIOWII)							t does not apply now be y service but it could ap	
Official I	Form 122A 1				☐ Checl	c if this is a	an amended filing	
	Form 122A - 1 r 7 Statement of Your (	Curi	ent Month	lv Inc	ome			04/20
attach a separa case number (i qualifying milit	e and accurate as possible. If two married pe ate sheet to this form. Include the line numb if known). If you believe that you are exempt ary service, complete and file <i>Statement of I</i> Calculate Your Current Monthly Income	er to wheed from	ich the additional inf a presumption of ab	ormation a use becau	ipplies. Or se you do	the top of a	ny additional pages, writ marily consumer debts o	te your name and or because of
1. What is	your marital and filing status? Check of	one only	/.					
■ Not i	married. Fill out Column A, lines 2-11.							
☐ Marr	ied and your spouse is filing with you.	Fill out	both Columns A an	d B, lines	2-11.			
☐ Marr	ied and your spouse is NOT filing with	you. Y	ou and your spous	se are:				
☐ Li	ving in the same household and are no	t legal	y separated. Fill ou	t both Co	lumns A a	nd B, lines	2-11.	
pe	ving separately or are legally separated enalty of perjury that you and your spouse ving apart for reasons that do not include o	are le	gally separated unde	er nonban	kruptcy la	w that appli	es or that you and your	
101(10A). F the 6 month	verage monthly income that you received from the example, if you are filing on September 15, the state of the income for all 6 months and divide the fine of the same rental property, put the income from the same rental property.	he 6-mo ne total b	nth period would be Ma y 6. Fill in the result. D	arch 1 throu o not includ	ugh August de any inco	31. If the amme amount m	ount of your monthly incon nore than once. For examp	ne varied during ble, if both
					Column Debtor 1		Column B Debtor 2 or non-filing spouse	
	oss wages, salary, tips, bonuses, overdeductions).	time, a	nd commissions (b	efore all	\$	778.59	\$	
3. Alimon	y and maintenance payments. Do not in B is filled in.	nclude p	ayments from a spo	use if	\$	0.00	\$	
of you of from an and room	ounts from any source which are regula or your dependents, including child sup unmarried partner, members of your hous mmates. Include regular contributions fror Do not include payments you listed on lin	<b>pport.</b> I sehold, m a spo	nclude regular conti your dependents, p	ributions arents,	\$	0.00	\$	
5. Net inco	ome from operating a business, profes	sion, o						
_		Φ.	Debtor 1					
	eceipts (before all deductions)	-\$ -	192.00 0.00	_				
Net mor	y and necessary operating expenses onthly income from a business,	-\$ — \$		Copy here ->	\$	192.00	\$	
•	on, or farm ome from rental and other real property			-	Ψ		Ψ	
J. 1101 11101		,	Debtor 1					
Gross re	eceipts (before all deductions)		\$ 0.00					
Ordinary	y and necessary operating expenses		-\$ 0.00					
Net mor	nthly income from rental or other real prop	erty	\$ <u>0.00</u> Cop	y here ->	\$	0.00	\$	
7. Interest	, dividends, and royalties				\$	0.00	\$	

Official Form 122A-1

Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 55 of 57

Kolton Leo Chapman Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For your spouse \$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.. Economic Stimulus Payment 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 1,170.59 1,170.59 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 1.170.59 Multiply by 12 (the number of months in a year) **x** 12 14,047.08 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: OH Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 51,297.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Kolton Leo Chapman Kolton Leo Chapman

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## Case 2:20-bk-53364 Doc 1 Filed 07/10/20 Entered 07/10/20 17:02:44 Desc Main Document Page 56 of 57

Debtor 1	Kolton Leo Chapman	Case number (if known)	
	Signature of Debtor 1		
Da	MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form	m.	

Debtor 1 Kolton Leo Chapman

Case number (if known)

Expense

#### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 01/01/2020 to 06/30/2020.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment Income-Daffney Geyer

Income by Month:

6 Months Ago:	01/2020	\$778.59
5 Months Ago:	02/2020	\$778.59
4 Months Ago:	03/2020	\$778.59
3 Months Ago:	04/2020	\$778.59
2 Months Ago:	05/2020	\$778.59
Last Month:	06/2020	\$778.59
	Average per month:	\$778.59

#### Line 5 - Income from operation of a business, profession, or farm

Source of Income: **Door Dash** Income/Expense/Net by Month:

	Date	Income
6 Months Ago:	01/2020	\$0.00
5 Months Ago:	02/2020	\$0.00
4 Months Ago:	03/2020	\$190.00
3 Months Ago:	04/2020	\$962.00
2 Months Ago:	05/2020	\$0.00
Last Month:	06/2020	\$0.00
_	Average per month:	\$192.00

Expense	1101	
\$0.00	\$0.00	
\$0.00	\$0.00	
\$0.00	\$190.00	
\$0.00	\$962.00	
\$0.00	\$0.00	
\$0.00	\$0.00	
\$0.00		
Average Monthly NET Income:	\$192.00	

Net

#### Line 10 - Income from all other sources

Source of Income: Economic Stimulus Payment

Income by Month:

6 Months Ago:	01/2020	\$0.00
5 Months Ago:	02/2020	\$0.00
4 Months Ago:	03/2020	\$0.00
3 Months Ago:	04/2020	\$0.00
2 Months Ago:	05/2020	\$1,200.00
Last Month:	06/2020	\$0.00
	Average per month:	\$200.00